

Exhibit 9

Employee HR Action Form

New Hire Data Form

Employee Name: Xiuman Chaffin Preferred Name: Rose
Address: [REDACTED] Apt/Unit #: /
City: [REDACTED] State: NC Zip: 27284
Home Phone #: 336-[REDACTED] Cell Phone #: 336-[REDACTED]
Email Address: asheby3@hotmail.com
Do you use Tobacco Products? [REDACTED] Do You Receive Medicare Benefits? [REDACTED]
Marital Status (Please Circle): (Married) Single
Emergency Contacts (local):
Primary Name: David Chaffin Home Phone: 336-[REDACTED] Mobile Phone: 336-[REDACTED]
Address: [REDACTED] NC 27284 Relationship: husband
(City) (State) (Zip)
Secondary Name: Maria Vollinks Home Phone: 336-[REDACTED] Mobile Phone: 336-[REDACTED]
Address: [REDACTED] 27284 Relationship: Friend
(City) (State) (Zip)

Voluntary EEO

Race/Ethnicity:

Hispanic or Latino ☐ White ☐ Black or African American ☐ Asian ☒
(Not Hispanic or Latino) (Not Hispanic or Latino) (Not Hispanic or Latino)

American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐
(Not Hispanic or Latino)

Gender: Male ☐ Female ☐

Employee Signature Xiuman Chaffin

Date: 1-5-2017